Michigan Cancer Surveillance Program
April 2014 Update

MCSP REPORTABLE CONDITIONS: AIN, CIN, HSIL/HGSIL, VAIN, VIN ~

Please note! The following conditions are considered reportable by the MCSP and MUST be reported ***regardless of facility type.*** For more information on Reportable Conditions, refer to the MCSP Cancer Program Manual at http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html.

Reportable Conditions				
ICD-10-CM Code	***ICD-9-CM Code***	***Primary Site***	***Histology Code***	***Topography Code***
D01.3	230.5	AIN III (anal intraepithelial neoplasia – histologically confirmed) NOTE: "Severe dysplasia ALONE **is** reportable." A diagnosis of "High grade dysplasia" ONLY is **not** reportable.	8077/2	C21.1
D06.9	233.1	CIN III (cervical intraepithelial neoplasia - histologically confirmed) with or without carcinoma in situ (CIS) NOTE: "Severe dysplasia" ALONE **is** reportable. A diagnosis of "High grade dysplasia" ONLY is **not** reportable.	8077/2	C53.0 - C53.9
D06.9	233.1	HSIL/HGSIL (high-grade squamous intraepithelial lesion - histologically confirmed) with or without carcinoma in situ (CIS); with or without CIN III; with or without severe dysplasia. NOTE: A diagnosis of "High grade dysplasia" ONLY is **not** reportable.	8077/2	C53.0 -C53.9
D07.2	233.31	VAIN III (vaginal intraepithelial neoplasia) with or without carcinoma in situ (CIS) NOTE: "Severe dysplasia" ALONE **is** reportable. A diagnosis of "High grade dysplasia" ONLY is **not** reportable.		
D07.2	233.31	VAIN III (vaginal intraepithelial neoplasia) with or without carcinoma in situ (CIS) NOTE: "Severe dysplasia" ALONE **is** reportable. A diagnosis of "High grade dysplasia" ONLY is **not** reportable.	8077/2	C52.0 - C52.9
D07.1	233.32	VIN III (vulvar intraepithelial neoplasia - histologically confirmed) with or without carcinoma in situ (CIS). NOTE: "Severe dysplasia" ALONE **is** reportable. A diagnosis of "High grade dysplasia" ONLY is **not** reportable.	8077/2	C51.0 - C51.9

Examples: ***Reportable***

- CIN 2 **and** 3 IS reportable
- CIN 2 **&** 3 IS reportable
- CIN 2 + 3 IS reportable

Not Reportable

- CIN 2-3 is NOT reportable
- CIN 2/3 is NOT reportable

Coding Histology

Use histology code 8077/2 for diagnoses of HGSIL, CIN III, VIN III, VAIN III or AIN III (Multiple Primary and Histology Coding Rules – Rule H21).

Number of Reportable Conditions

To determine the ***number*** of reportable conditions for AIN, CIN, HSIL/HGSIL, VAIN and VIN, refer to the Multiple Primary and Histology Coding Rules manual.

General Instructions

A. General Information

7. Do not use a physician's statement to decide whether the patient has a recurrence of a previous cancer or a new primary. Use the multiple primary rules as written unless a pathologist compares the present tumor to the "original" tumor and states that this tumor is a recurrence of cancer from the previous primary.

Other Sites Multiple Primary Rules

Other Sites Multiple Primary Rules - Rule M10: Tumors diagnosed **more than one (1) year** apart are multiple primaries.

Collaborative Stage (CS) version 02.05 ~

CSv2 version 02.05 must be used to code all cases diagnosed on or after January 1, 2014. Once version 02.05 is implemented in a registry, this version should be used to code all newly abstracted cases diagnosed from 2004 and forward.

Use CSv2 02.04 to code all cases diagnosed 2004 through diagnosis year 2013 ***OR*** until CS v02.05 is implemented for abstraction of 2014 cases.

For more information, go to http://www.cancerstaging.org/cstage/Pages/default.aspx

Instructions for Coding Grade 2014 ~

Don't forget! A new set of instructions have been created for coding of grade (Grade, Differentiation or Cell Indicator) and are to be implemented with cases diagnosed January 1, 2014 and forward. The 'Instructions for Coding Grade' can be found at http://seer.cancer.gov/tools/grade.

Laterality Coding Instructions (NAACCR Item #410) ~

If the primary site being reported is NOT defined as a paired site laterality MUST be coded as '0 – not a paired site.' For more information, refer to the section on Laterality in the MCSP Cancer Program Manual at http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html.

Sequence Number ~

The reporting of **Sequence Number** is a REQUIRED data item for facilities defined by the MCSP as a 'Hospital with a Registry' or 'Hospital without a Registry.' The **Sequence Number** indicates the sequence of malignant and nonmalignant neoplasms over the lifetime of the patient.

Codes 00-59 and 99 indicate neoplasms of malignant (*in situ or invasive*) behavior (*behavior* code equals '2 – in situ' or '3 – invasive').

- Use code 00 if the patient has a single malignant primary.
- If the patient develops a subsequent reportable invasive or in situ primary tumor, change the sequence number for the first tumor from code 00 to 01 and number the new subsequent primary tumor sequentially.
- If the patient has two or more invasive or in situ neoplasms diagnosed at the same time, assign the lowest sequence number to the diagnosis with the worst prognosis. If no difference in prognosis, the decision on which to assign first is arbitrary.
- If information about the sequence of reportable malignant tumors is unknown, use code 00.

Codes 60-88 indicate neoplasms of non-malignant behavior (*behavior* code equals '0 – benign' or '1 – borderline').

- Use code 60 only if the patient has a single non-malignant reportable benign/borderline primary tumor.
- If the patient develops a subsequent reportable benign/borderline primary tumor, change the code for the first tumor from 60 to 61 and assign codes to subsequent non-malignant primaries sequentially.
- If information about the sequence of reportable benign/borderline tumors is unknown, use code 60.

Any tumor in the patient's past which is reportable or reportable by agreement at the time the current tumor is diagnosed must be taken into account when sequencing subsequently accessioned tumors. *Note:* Do not reassign sequence numbers if one of those tumors becomes non-reportable later.

For more information, refer to the MCSP Cancer Program Manual at http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html.

2014 MCSP Educational Workshops ~

There are a few slots still open for attendance at the 2014 MCSP Educational Workshops. For more information on dates and topics of workshops, please refer to the MCSP webpage at http://michigan.gov/mdch/0,1607,7-132-2945_5221-16586--,00.html.

Cancer Register Training Resources ~

Links to SEER Cancer Registrar Training are available on the SEER training webpage at http://seer.cancer.gov/training/.

MCSP Reporting Facility Contact Information Form ~

The MCSP has not received updated facility contact information from all reporting facilities yet. If your facility has not completed a copy of this form within the past year or if the contact information has changed, please complete a copy of the form and submit to the MCSP. Having current contact information enables the MCSP to conduct proper follow-back on cancer data and correspondence. A copy of the form is available at http://michigan.gov/mdch/0,1607,7-132-2945_5221-16586--,00.html.

MCSP Submission of Data ~

Please note the submission of data reminders listed below!

- All cases diagnosed in 2012 MUST be submitted to the MCSP by ***May 31, 2014***.
- Diagnosis year 2013 cases MUST be submitted to the MCSP by ***July 31, 2014***.

  Exception: Due to the delay of Abstract Plus v13.0, which is required to abstract diagnosis year 2013 cases, the deadline date for submission of data for 2013 cases is ***August 31, 2014***.

- Diagnosis year 2014 cases from January through March are required to be submitted by September 31, 2014. *(Regardless of submission due dates, please submit data on a monthly basis to the MCSP.)*

  ***Exception*:** Abstract Plus users will not be able to abstract diagnosis year 2014 cases until after 2013 cases are submitted to the MCSP. Detailed instructions on how to upgrade to NAACCR v14.0, which is required for diagnosis year 2014, will be provided at a later date.

NOTE: If your registry is in the SEER area (Wayne, Oakland or Macomb County) and you have questions regarding submission of data, please contact your SEER-State Coordinator, Jeanne Whitlock at 313.578.4219 or whitlock@med.wayne.edu.

Michigan Abstract Plus Users Update ~

We apologize for the delay and appreciate your patience during the customization process of Abstract Plus. This version is needed to process NAACCR version 13.0 records ***effective for cases diagnosed prior to 2014*** will be released by the MCSP in MCSP within the next few weeks. If you have any questions regarding Abstract Plus, please contact Terry McTaggart at 517.335.9624 or McTaggartT1@michigan.gov.

Coding Questions ~

Questions and answers for common coding issues have been provided below. If you have a coding issue that you would like addressed in the next issue of the MCSP Update, please submit the question to field representative, Jetty Alverson at alversong@michigan.gov

Breast

Question: For breast primaries, the SEER manual states "Code the subsite with the invasive tumor when the pathology report identifies invasive tumor in one subsite and in situ tumor in a different subsite or subsites." The FORDS manual does not include this instruction.

Answer: Code the subsite of the invasive tumor. (Note: This specific instruction from the SEER manual will also be added to the MP/H manual.)

Reference Source: Data Collection Answers from the CoC, NPCR, SEER Technical Workgroup. Updated February 20, 2013. See Questions by Category: Reportability. *Taken from the SEER website at http://seer.cancer.gov/registrars/data-collection.html* on April1, 2014. *Web 01 Apr. 2014.*

Question: Does the number of nodes removed affect whether you would code a simple mastectomy or a modified radical mastectomy? For example, if the patient had only a sentinel node biopsy, would the surgical procedure of the primary site be coded as a simple mastectomy or a modified radical mastectomy?

Answer: Code a simple mastectomy when sentinel nodes are the ONLY nodes removed. For all other procedures that remove lymph nodes code the surgical procedure of the primary site as a modified radical mastectomy. Note: There is no specific number of nodes removed that equals a lymph node dissection.

Reference Source: Data Collection Answers from the CoC, NPCR, SEER Technical Workgroup. Updated February 20, 2013. See Questions by Category: Description of This Neoplasm *at* *http://seer.cancer.gov/registrars/data-collection.html* on April1, 2014.

Kaposi Sarcoma

Question: How do you code the primary site of a Kaposi sarcoma if it arises simultaneously in the skin and another site or the primary site is not identified?

Answer: Code to Skin, NOS (C44.9).

Reference Sources: MCSP Cancer Program Manual (Primary Anatomical Site) or FORDS (Case Eligibility and Overview of Coding Principles).

Laterality

Question: Can laterality codes '1, 2, 3, 4, 5 or 9' be coded for sites that are not defined as a paired organ?

Answer: The MCSP did not adopt the 2010 FORDS, CoC use of coding of laterality for non-paired organs. For submission of data to the MCSP, follow the MCSP cancer reporting requirements (regardless of facility type). If the primary site of the tumor being reported is not a paired organ code laterality to '0 – not a paired site.'

Reference Source: MCSP Cancer Program Manual (Laterality).

Reportability

Question: Is bladder urothelial neoplasms of low malignant potential reportable to the MCSP?
Answer: No, these are not reportable. They are pre-malignant growths in the upper urinary tract (renal pelvis, ureters, urinary bladder, part of urethra).

Reference source: MCSP Cancer Program Manual – Reportable Conditions.

Electronic Cancer Case Reporting Now Available for Stage 2 Meaningful Use ~

Eligible professionals entering into Stage 2 Meaningful Use in 2014 will have the opportunity to meet both the Stage 2 cancer reporting objective and the Michigan Department of Community Health's (MDCH) cancer reporting mandate. Public Act 82 of 1984 requires physicians, dentists, clinics, hospitals and laboratories that diagnose or treat patients with reportable conditions to submit cancer case information to the Michigan Cancer Surveillance Program.

Providers in non-hospital settings using certified EHR technology now have the option to submit cancer case information electronically, avoiding duplicate data entry and improving the timeliness and completeness of cancer case information reported to the Michigan Cancer Surveillance Program. **Note that this does not replace the current reporting by hospitals and other health facilities/laboratories.**

Eligible professionals interested in reporting cancer case information to meet the Stage 2 Meaningful Use objective should contact Laura Rappleye, laura.rappleye@altarum.org for further instructions. For further information on the cancer case reporting mandate, contact Jetty Alverson at (517) 335-8855 or alversong@michigan.gov.

In May of 2014, eligible professionals will also be able to select the Stage 2 Meaningful Use objective of reporting to a specialized registry. Electronic birth defect reporting will be available in support of meeting the specialized registry menu item. As soon as this capability is in place, MDCH will announce the option or you can follow our progress under Public Health Reporting on www.michiganhealthit.org.

MCSP Staff ~

If you have any questions regarding cancer reporting, or would like more information about workshops, please feel free to give one of us a call.

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